

**STATE OF RHODE ISLAND  
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

**PUBLIC NOTICE OF PROPOSED RULE-MAKING**

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following DCYF rule:

**Early Periodic Screening, Diagnostic and Treatment Program (EPSDT)**

This amended rule updates the practices related to obtaining reimbursement for EPSDT and removes duplicate language. In the amendment of this rule, consideration was given to the following: (1) alternative approaches and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This amended rule is accessible on the DCYF website (<http://www.dcyf.ri.gov>) or the R.I. Secretary of State's website (<http://www.sec.state.ri.us/ProposedRules/>). Interested persons may submit written comments by November 7, 2011 to Susan Bowler, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903 ([Susan.Bowler@dcyf.ri.gov](mailto:Susan.Bowler@dcyf.ri.gov)).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

Rhode Island Department of Children, Youth and Families

**Policy: 1000.0045**

**Effective Date: July 24, 1989**

**Revised:**

**Version: 12**

~~are~~ The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, a federally mandated program operated by the state, provides comprehensive health services to all children under the age of ~~twenty-one~~ (21) who are eligible for Medical Assistance. EPSDT provides for ~~e~~Early prevention care, ~~p~~Periodic health evaluation, ~~s~~Screening for health defects, ~~d~~Diagnosis of health problems, as well as ~~t~~Treatment and continuing care.

The services available ~~program~~ include:

- ~~\_\_\_\_\_~~ Health and developmental history
- ~~\_\_\_\_\_~~ Unclothed physical examination, including blood pressure for children three years or ~~\_\_\_\_\_~~ over
- ~~\_\_\_\_\_~~ Examination of ear, nose, mouth, and throat
- ~~\_\_\_\_\_~~ Developmental evaluation including assessment of eye/hand coordination, gross motor function, motor skills, speech development, behavior development
- ~~\_\_\_\_\_~~ Immunizations which are appropriate for age and health history including protection against diphtheria, pertussis, tetanus, polio, mumps, measles, rubella
- ~~\_\_\_\_\_~~ Assessment of nutrition status
- ~~\_\_\_\_\_~~ Language/Speech assessment
- ~~\_\_\_\_\_~~ Vision testing
- ~~\_\_\_\_\_~~ Hearing testing
- ~~\_\_\_\_\_~~ Dental services for diagnosis and treatment for children three (3) years of age and over.
- ~~\_\_\_\_\_~~ Laboratory procedures appropriate for age and population groups:
  - \* ~~\_\_\_\_\_~~ blood test for anemia
  - \* ~~\_\_\_\_\_~~ sickle cell test (if indicated by ethnicity)
  - \* ~~\_\_\_\_\_~~ tuberculosis test
  - \* ~~\_\_\_\_\_~~ urinalysis for albumin, microscopy
  - \* ~~\_\_\_\_\_~~ blood lead test (children from one to six years)
  - \* ~~\_\_\_\_\_~~ sexually transmitted disease.

RI Medical Assistance State Plan allows coverage for certain discretionary (orthodontic, liver transplant, mental health evaluation/counseling) services for child(ren) enrolled in the EPSDT.

The Department requires that a complete medical examination of each child entering placement is ~~to be~~ conducted ~~either~~ prior to or as soon as possible after placement. ~~It is the policy of the~~ Department ~~to enroll~~s all eligible children in the EPSDT program. The caretaker or primary worker who schedules the appointment indicates that he/she is requesting that an EPSDT screening form be completed by the physician. It is not always possible to have an EPSDT screening examination performed prior to or immediately after the placement of a child; however, an appointment for the examination must be scheduled within seven ~~(7)~~ working days of the child's placement. EPSDT screening is most easily accessed through physicians employed by community health centers and pediatricians and family health practitioners in private practice. A community health center ~~is~~~~ould~~ not ~~be~~ used for a child who is in the care of a private physician if that physician participates in ~~the~~ EPSDT ~~program~~.

~~The Medical Assistance State Plan allows coverage by Medical Assistance for certain discretionary (orthodontic, liver transplant, mental health evaluation/counseling) services if the child is enrolled in the EPSDT program.~~

The primary service worker ~~is responsible to~~ ensures that eligible children in placement are enrolled and ~~program is responsible to~~ encourages the parents of eligible children who live at home to enroll them in EPSDT.

#### **Related Procedure**

Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT)

#### **Related Policy**

Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines  
Mental Health Evaluation and Counseling Services

## Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT)

Procedure from Policy 1000.0045: Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT)

### I. Child in Placement

- A ~~A.~~ The primary ~~service~~ worker ~~is responsible to~~ ensure~~s~~ the provision of the initial EPSDT examination and the continuity of good health care for the child in placement.
- B ~~B.~~ An appointment for a physical examination by a physician must be made prior to or within seven ~~(7)~~ working days of placement.
- C ~~C.~~ If the child is coming from a home in which he or she is eligible for Medical Assistance, the worker ascertains if the child is already enrolled in the EPSDT program. If the child is enrolled, the ~~primary~~ worker indicates this on the Periodicity Schedule (DCYF #135) in the Medical/Dental section of the case record. ~~The examining physician is informed of the child's EPSDT status during the child's medical examination.~~
- ~~1. 1. The worker can confirm a child's enrollment in the EPSDT program by writing to the Department of Human Services' (DHS) Medical Assistance Program.~~
- ~~2. The worker can confirm Medical Assistance (MA) eligibility and the MA number of a child in placement by contracting the DCYF Federal Benefits Unit.~~
- D ~~D.~~ The ~~primary~~ worker informs the caretaker about the EPSDT program and provides the caretaker with the EPSDT packet.
- ~~1. The packet is available in all Child Protective Services, Family Services, and Probation locations and through the Federal Benefits Unit. The Federal Benefits Unit ensures that current DHS forms are available.~~
- ~~2. The packet contains an informational cover memo, immunization schedule, EPSDT Periodicity Schedule (DCYF #135), and EPSDT examination forms.~~
- E ~~E.~~ The ~~primary~~ worker or caretaker requests that the physician complete the EPSDT form at the time of the initial exam.
- F ~~F.~~ The EPSDT form and the Medical Assistance billing form ~~are~~~~should be~~ forwarded by the physician to DHS. However, if the forms are forwarded to the Department's Federal Benefits Unit instead of directly to DHS by the physician, the Federal Benefits Unit proceeds as follows:
- ~~1. 1. The original examination form and the billing form are forwarded to the DHS EPSDT coordinator, Medical Assistance Program.~~
- ~~2. 2. A copy of the examination form is forwarded to the primary ~~service~~ worker for incorporation into the case record.~~
- G ~~G.~~ The ~~primary~~ worker provides the caretaker with the Health and Education Passport which includes a copy of the DCYF #135 ~~in conformance with DCYF (refer to Policy 1000.0035, Health and Education Passport).~~

H ~~H.~~ The caretaker arranges for ongoing medical care including routine and periodic examinations, vaccinations, and prescribed treatment.

I ~~I.~~ The primary worker monitors the provision of health care to the child in accordance with the Periodicity Schedule.

J ~~J.~~ The primary worker incorporates completed examination forms and other documents containing medical information in the appropriate section(s) of the case record.

## **II. Child at Home**

A ~~A.~~ The primary ~~service~~ worker is responsible to encourage the parent(s) to enroll the child in the EPSDT program and to follow through with health care services.

B ~~B.~~ If the child is already enrolled in the EPSDT program, the primary worker indicates the child's EPSDT status on the DCYF #135 in the Medical/Dental section of the case record.

~~1. The worker can confirm the child's enrollment in the EPSDT program by writing to the DHS Medical Assistance Program.~~

~~2. The worker can confirm the Medical Assistance eligibility and the Medical Assistance number of a child who is not in placement by contacting the DHS Assistance Payments Master File.~~

~~a. The primary service worker/supervisor can obtain this information from Monday through Friday during the hours of ten thirty (10:30) a.m. to twelve (12:00) noon and one (1:00) p.m. to three (3:00) p.m.~~

~~b. Files are kept according to mother's last name. The following telephone numbers are utilized to obtain this information:~~

~~i. A - E 464-3581~~

~~ii. F - McCormack 464-3582~~

~~iii. McCormack - Roda 464-3583~~

~~iv. Roda - Z 464-3548~~

C ~~C.~~ If the child is not enrolled ~~in the program~~, the primary worker strongly encourages involvement and provides parent(s) with the following information within (7)seven working days of case opening.

1. ~~1.~~ The benefits of preventive health services.

2. ~~2.~~ How EPSDT services can be obtained.

3. ~~3.~~ How specific information can be obtained concerning the location of the nearest providers participating in the EPSDT program.

4. ~~4.~~ The screening services that are offered.

5. ~~5.~~ The Periodicity Schedule established for Rhode Island Medical Assistance recipients.

6. ~~6.~~ Both initial and periodic screening according to the ~~State's~~ Periodicity Schedule is available to recipients.
7. ~~7.~~ Treatment services covered under the Medical Assistance Program will be provided for problems disclosed during screening.
8. ~~8.~~ Assistance in referral will be given for services not covered under the Medical Assistance Program.
9. ~~9.~~ Assistance in scheduling appointments, if the family or recipient requests it, will be provided by the Department.
10. ~~10.~~ Assistance in arranging for transportation, if the family or recipient requests it, will be provided by the Department.
11. ~~11.~~ As long as the family or recipient remains eligible for Medical Assistance, EPSDT services may be requested at any time in the future if the family does not choose to access the service at the time it is initially offered.
12. ~~12.~~ The family or recipient may choose to receive EPSDT services from a provider of its choice unless the child is enrolled in an HMO (Health Maintenance Organization). Such enrollment will restrict the provision of EPSDT services to the HMO. If the provider does not offer the full range of EPSDT services, as specified in the plan, the family or recipient can receive the covered services from another participating provider.
13. ~~13.~~ The EPSDT services covered under the Medical Assistance Program are available at no cost to the recipient.
- D ~~D.~~ The ~~primary~~ worker provides the parent(s) with the EPSDT packet.
- E ~~E.~~ The ~~primary~~ worker may choose to include provisions for EPSDT enrollment and ongoing services in the Case Plan/Agreement, DCYF #032.
- F ~~F.~~ The parent arranges for ongoing medical care including routine and periodic examinations, vaccinations, and prescribed treatment.
- G ~~G.~~ The ~~primary~~ worker monitors the provision of health care to the child in accordance with the Periodicity Schedule.
- H ~~H.~~ The ~~primary~~ worker incorporates completed examination forms and other documents containing medical information in the appropriate section(s) of the case record.